

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH
County St. Francois
Township Perry
or
Village
or
City Bonneton Mo. (NO. _____ St. _____ Ward _____)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 775 File No. 37089
Primary Registration District No. 6020 Registered No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Gemma Elizabeth Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>
DATE OF BIRTH <u>January 29, 1843</u> (Month) (Day) (Year)		
AGE <u>69</u> yrs. <u>10</u> mos. <u>0</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

BIRTHPLACE

(City or town, State or foreign country) Franklin Co. Mo.

NAME OF FATHER Eliza Rodgers

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Catherine Brown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Francois Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William DeForest Dixon
(ADDRESS) Bonneton Mo.

Filed Nov 29 1912 T. A. Son

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

November 29, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 26, 1912, to Nov. 29, 1912, that I last saw him alive on Nov. 28, 1912, and that death occurred, on the date stated above, at 11-20 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis from cerebral hemorrhage

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Lee T. Kelly M. D.

Nov. 29, 1912 (Address) Bonneton Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Murphy Cemetery Nov 30, 1912

UNDERTAKER

ADDRESS

R. Benham Bonneton Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthénia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgi al operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH		
County <u>St. Francois</u>			REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.		
Township <u>Curry</u>			Registration District No. <u>775</u>	File No. _____	
Village _____			Primary Registration District No. <u>6020</u>	Registered No. <u>100</u>	
City _____ (NO. _____ St. _____ Ward _____)			[If death occurred in a hospital or institution, give its NAME instead of street and number]		
FULL NAME <u>Gemma Elizabeth Dixon</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>F</u>	COLOR OR RACE <u>W</u>	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/> (Write the word) <u>wid</u>	DATE OF DEATH <u>Nov 29</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Jan 29</u> , 1843 (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 26</u> , 191 <u>2</u> , to <u>Nov 29</u> , 191 <u>2</u> , that I last saw him alive on <u>Nov 29</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>12.20</u> a.m.		
AGE <u>69</u> yrs. <u>10</u> mos. _____ ds.			IF LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u>			The CAUSE OF DEATH* was as follows: <u>Paralysis from cerebral thrombosis.</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Franklin Lee, Mo.</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER <u>Elijia Rogers</u>		(Signed) <u>A. Lee, Suiley</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Frank-</u>		<u>Nov 29</u> , 191 <u>2</u> (Address) <u>Bonne Terre</u>		
	MAIDEN NAME OF MOTHER <u>Catherine Browne</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St. Francois Co. Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>William Dupais Dixon</u> (ADDRESS) <u>Bonne Terre Mo.</u>					
Filed <u>Jan 17</u> , 191 <u>2</u> <u>T. A. Son</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Murphy Cem</u> DATE OF BURIAL <u>Nov 30</u> , 191 <u>2</u> UNDERTAKER <u>B. A. Benham</u> ADDRESS <u>Bonne Terre Mo.</u>		

Original file, date _____, 19____ All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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